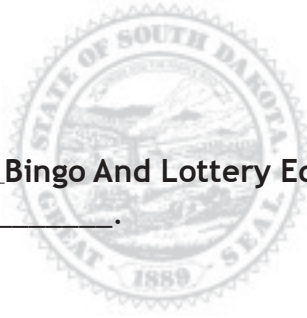


South Dakota Department of Revenue



Application For License To Distribute Bingo And Lottery Equipment And Supplies For the year ending December 31, _____.

Please type or print clearly

1. Owner/Operator name - enter name of sole proprietor, partnership, or corporation.				Sales Tax Number	
2. Business/trade name-if different than above				Telephone Number	
3. Mailing address of business					
Street of P.O. box		City	State	Zip	
4. Location address of business-if different than above					
Street of P.O. box		City	State	Zip	
5. Type of business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation					
6. Identify owner(s), partners or corporate officers					
Name		Address	City	State	Zip
7. List names of directors, managers and supervisors					

Note: A distributor personnel information form must be completed by any owner, officer, director, partner or manager/supervisor.

8. List address of each office, warehouse or outlet (if different from No. 3 or No. 4 above) where bingo/lottery equipment and supplies are kept.

Address	City	State	Zip
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Application For License To Distribute Bingo And Lottery Equipment And Supplies

9. Are all persons listed in No. 6 or No. 7 of good moral character and have never been convicted of a crime of moral turpitude? ☐Yes ☐No

10. Is the applicant a wholesale distributor of alcoholic beverages? ☐Yes ☐No

The signatories to this application consent, on behalf of this distributor, to permit the Secretary of Revenue or his agents to enter upon and inspect any site where bingo or lottery equipment or supplies are stored by this distributor and authorize inspection at any location of any records of the distributor connected with the sale of bingo or lottery equipment in South Dakota without warrant or court process.

Under penalty of perjury, I declare that the information submitted herewith is complete and accurate to the best of my knowledge.

Signature (ceo/owner)

Date

Name (please print)

Title

Signature of partners

Signature of partner

Signature of partner

Signature of partner

Signature of preparer

Name/position of preparer

Instructions

- A. **All questions** must be answered or marked N/A, if not applicable. Incomplete application may be returned.
- B. License fee: \$5,000.00 (make check payable to SD Treasurer) License Year: January 1 through December 31.
- C. Only one license application and fee is necessary for each entity regardless of number of warehouse locations.
- D. A tax of 5% is imposed on the gross sales of bingo and lottery equipment and supplies (including pull-tabs) Returns are filed and taxes paid on or before the 15th day of the month following the month in which the sale occurred.
- E. Attach additional sheets if necessary.
- F. Changes in report information must be reported within 10 days.
- G. **Mail application to:** Special Tax Division, 445 E capitol Avenue, Pierre, SD 57501-3100.

Application License To Distribute Bingo And Lottery Equipment And Supplies
Distributor Personnel Information Form

1. Name and Address of Distributor				Phone
2. Name of Individual (and previously used names)				Work Phone
3. Home Street Address	City	State	Zip	Home Phone
4. Driver's License No.	State of Issue		Date of Birth	
5. State of Birth	Name of Spouse		Date of Birth	
6. Position with Organization <input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Manager/Supervisor <input type="checkbox"/> Corp. Officer				
7. Other current occupations and places of employment (list employer, city, state, type of business, position held). If self-employed, list details.				
8. Places of residence for the past 10 years (street address, city, state, zip)				
9. Criminal History Statement (except minor traffic violations, attach additional sheets if needed)				
Date	Charge	City & State	Disposition	

Application License To Distribute Bingo And Lottery Equipment And Supplies

Distributor Personnel Information - (Continued)

All persons who complete the Distributor Personnel Information Form must include the complete name and address of any organization which they conduct bingo games and lotteries of which they are members. If none state so here. _____

Organization _____ Office _____

Address _____
(street) (city, state, zip)

Organization _____ Office _____

Address _____
(street) (city, state, zip)

Organization _____ Office _____

Address _____
(street) (city, state, zip)

Organization _____ Office _____

Address _____
(street) (city, state, zip)

Organization _____ Office _____

Address _____
(street) (city, state, zip)

Organization _____ Office _____

Address _____
(street) (city, state, zip)

Signature Block

I declare, under penalty of perjury, that the information, herein provided, is accurate and complete.

Signature Date

Notes: Attach additional sheets as needed to answer any of the questions above. This form must be completed by any owner, partner, officer, director, supervisor or manager of a bingo-lottery distributor licensee.